



MARTIN COUNTY BUILDING DEPARTMENT
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 STUART, FL 34994
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**Code Compliance Division
 Permit Extension Request/
 Permit Renewal Form**

DATE: _____

REASON FOR EXTENSION/RENEWAL:

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ PERMIT NUMBER: _____

PERMIT ADDRESS: _____

 Owner's or Contractor's Signature

 Owner's or Contractor's Printed Name

PLEASE BE ADVISED THAT EXTENTIONS/RENEWALS CAN TAKE 7-10 BUSINESS DAYS TO BE APPROVED.

*******Office Use Only*******

Fee Amount: \$ _____

Number of prior renewals or extensions: _____

Case Number: _____

Contacted on _____ by _____

Officer: _____

Number of days Expired _____ Final Inspection ___ Yes ___ No

Last Inspection _____

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